



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
COUNCIL ON REAL ESTATE APPRAISERS

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VERIFICATION OF REAL ESTATE APPRAISER SUPERVISION

INSTRUCTIONS

Each of a Trainee applicant's supervising Certified Real Property Appraisers completes and signs this form. Note that you are not permitted to supervise trainees if you have been disciplined by the Council within the preceding three years. (See Section 4.2.4 of the Council's [Rules and Regulations](#) for more information about this prohibition.)

Send the form *directly* to the Council office at the address above.

TRAINEE APPLICANT – To be completed by applicant for Real Property Appraiser Trainee

Name: _____
Last First Middle Initial

SUPERVISOR – To be completed by supervising Certified Real Property Appraiser (General or Residential)

1. Name: _____
Last First Middle Initial

2. Address: _____

City State Zip code

3. Phone: _____ Email: _____

4. Delaware Certified Real Property Appraiser (General or Residential) License Number: X ____ - _____

5. Have you received any administrative penalties (disciplines) regarding your practice as an appraiser during the past three years? Yes ☐ No ☐ **If yes, STOP. You are prohibited from supervising Trainees.**

6. I certify that the applicant named above will assist in completing appraisal reports, including an opinion of value, and may co-sign the appraisal under my supervision. Yes ☐ No ☐

7. I certify that I will:

- actively and personally supervise the trainee Yes ☐ No ☐
- review and sign the appraisal report Yes ☐ No ☐
- accept total responsibility for the appraisal report Yes ☐ No ☐
- review and approve the trainee's Experience Log and provide copies of any appraisal reports the trainee assisted in preparing as requested by the Council. Yes ☐ No ☐
- comply with all rules and policies for supervisory appraisers. Yes ☐ No ☐

8. You may supervise up to three trainees at a time, regardless of status, classification or state of licensure. Do you supervise any Trainee other than the one named above? Yes ☐ No ☐ **If yes, complete the information at right:**

TRAINEE NAME	LICENSE NUMBER	JURISDICTION

9. I agree to notify the Council in writing if I am no longer supervising the trainee. Yes ☐ No ☐

Supervisor Signature: _____ **Date:** _____

State of _____ County of _____

Sworn and subscribed to before me this _____ day of _____, 2_____.

Signature of Notary Public: _____

SEAL

My commission expires: _____